

PATENT APPLICATION

OLIFF & BERRIDGE, PLC
Telephone: (703) 836-6400
Facsimile: (703) 836-2787

CUSTOMER NUMBER 25944

In re the Application of

Toshio SUGIURA et al.

Application No.: 10/803,142

Filed: March 18, 2004

For: IMAGE FORMING APPARATUS AND SHEET FEED TABLE FOR USE IN THE APPARATUS



Attorney Docket No.: 118187

AMENDMENT TRANSMITTAL

Group Art Unit: 2854

Examiner: D. COLILLA

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Entitlement to small entity status is hereby asserted.
 Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL CLAIMS	*25 MINUS	**24	=1
INDEP CLAIMS	*2 MINUS	***3	=0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

**SMALL
ENTITY**

RATE	ADD'L FEE
x 25	\$
x 100	\$
+ 180	\$
	\$

**OTHER THAN A
SMALL ENTITY**

RATE	ADD'L FEE
x 50	\$ 50.00
x 200	\$
+ 360	\$
	\$ 50.00

OR

OR

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.
 Check No. 169946 in the amount of \$50.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,


James A. Oliff
Registration No. 27,075

Scott M. Schulte
Registration No. 44,325